City of Bedford, Ohio Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION			DATE				
Name							
	Last		First	Middle			
Present Address							
	Street		City		State	Zip	
Phone No.							
Thone Ivo.	Home		Cell		Other		
Referred by				Are you 18	years of age or older?	Yes	No
·					-		
EMPLOYMENT DES	IRED						
Position			Date You Can Start		Salary Desired		
					may we inquire of		
Are You Employed now	' ?	Yes	No	your p	present Employer ?	Yes	No
Ever applied to this Company before? Yes		Yes	No	Where?		When?	
	Name and Loca	tion	Circl	e Last	Did You	Subi	ects Studied and
EDUCATION	of School	uon		ompleted	Graduate?		ree'(s) Received
Grammar School					Yes No	-	
High School			1 2	3 4	Yes No		
					Yes		
College Trade, Business or			1 2	3 4	No Yes		
Correspondence School			1 2	3 4	No		
GENERAL							
Subjects of Special Stud	ly or Research Work						
Job Related Skills (typir	ng drivar's license etc.)						
Job Related Skills (typii	ig, driver's ficense, etc.)						
		((Continued on	Other Side)			

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date		Salary					
Month & Year From	Name and Address of Employer	(upon leaving	g) Position	Reason for Leaving			
To To							
From							
То		1					
From							
То		1					
From							
То		1					
REFERENCES List be	elow three persons not related to you,	whom you have kn	own at least one year.	Years			
Name	Address		Position	Acquainted			
Phone							
Phone							
Phone							
"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability." If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements. AUTHORIZATION I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.							
I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.							
I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.							
If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.							
I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.							
Date	Signature						